# The MT Laboratory Sentinel

**Updates from the MT Laboratory Services Bureau**
**http://healthlab.hhs.mt.gov/** **01/15/2010**

## *CLSI 2010 AST Update*

*February 3, 2010 • 1:00–2:30 PM ET*

Each January, CLSI updates standards for antimicrobial susceptibility testing (AST). It is important for clinical laboratories to incorporate the new recommendations into routine practice to optimize detection and reporting of antimicrobial resistance. In January 2010, the annual update of the M100 tables (CLSI document M100-S20) will be published. A major change will involve revised interpretive criteria (breakpoints) for several cephalosporins and Enterobacteriaceae. This session will highlight the revised breakpoints and other new recommend-ations found in M100-S20.

At the conclusion of this program, the participant will be able to: ( 1) identify the major changes found in the new CLSI M100-S20 standard (2) design a strategy for implementing the new practice guide-lines into his or her laboratory practices (3) develop a communication strategy for informing clinical staff of updates. Participants will be awarded 1.5 P.A.C.E.® contact hour(s) of continuing education credit.

**Janet A. Hindler, MCLS, MT(ASCP)**, Clinical Microbiology, UCLA Medical Center, Los Angeles, CA, will present this intermediate-level program is designed for clinical, public health, or veterinary microbiologists, pathologists, managers, supervisors, and infectious disease specialists who provide information on antimicrobial susceptibility testing and reporting.

**Please download the course flyer for full details. (PDF)**

**Click here for online registration** - ***deadline February 1, 2010***
$95.00 per registered site

*http://www.clsi.org/ January 2010*

## Recently Approved CLSI Documents

- C34-A3—*Sweat Testing: Sample Collection and Quantitative Chloride Analysis; Approved Guideline—Third Edition* This document addresses appropriate methods of collection and analysis, quality control, and the evaluation and reporting of test results.
- I/LA33-A — *Validation of Automated Systems for Immuno-hematological Testing Before Implementation; Approved Guideline* This document provides guidance to the end user and laboratory for validation of automated systems used in immunohematological testing before implementation.
- M100-S20 — *Performance Standards for Antimicrobial Susceptibility Testing; Twentieth Informational Supplement* This document provides updated tables for the Clinical and Laboratory Standards Institute antimicrobial susceptibility testing standards M02-A10 and M07-A8.
- Making a Difference Through Newborn Screening: Blood Collection on Filter Paper (LA04-A5 DVD)
- *Newborn Screening for Preterm, Low Birth Weight, and Sick Newborns (I/LA31-A)*

Polar bear droppings are helping scientists shed light on the spread of deadly antibiotic-resistant superbugs.
Photo and article: Reuters Jan 14. 2010

## *Polar Bear Poo Helps in Superbug Hunt*

Bacteria such as methicillin-resistant *Staphylococcus aureus* (MRSA) are a growing problem in hospitals and researchers are anxious to understand how they evolve.

Norwegian researchers said they had found little sign of such microbes in the feces of polar bears in the remote Arctic, suggesting the spread of resistance genes seen in the droppings of other animals may be due to human influence.

In contrast to the results from polar bears on the Svalbard archipelago, antibiotic resistance has been discovered in a range of animals including deer, foxes, pigs, dogs and cats that live close to humans.

Trine Glad of the University of Tromso said her team's research, published on Thursday in the journal BMC Microbiology, was important evidence in the debate as to whether resistance occurs naturally or is caused by exposure to human antibiotics.

The rise of superbugs is prompting some drug companies to look again at antibiotics, a field that has been neglected in recent years. Both AstraZeneca and Sanofi-Aventis have signed new antibiotic research collaborations this week.\

http://www.reuters.com/article/idUSTRE60D00220100114?feedType=RSS&feedName=lifestyleMolt&utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+reuters%2Flifestyle+%28News+%2F+US+%2F+Lifestyle%29

### Influenza Testing at the MT Public Health Laboratory

With the decline of H1N1 sample submissions, the MT Public Health Laboratory discontinued weekly Influenza Testing Updates on December 7, 2009.

Updates are posted weekly on the MTPHL website at http://www.dphhs.mt.gov/PHSD/Lab/environ-lab-index.shtml

### *In the Communicable Disease Update below….*

- *E.* coli 0157:H7 Outbreak and Related Beef Recall
- Multistate Outbreak of Salmonellosis with Water Frogs
- 2009 influenza A (H1N1) continues to predominate in MT no other subtypes of influenza A are currently circulating

# MT Communicable Disease Update as of 01/08/10

This newsletter is produced by the Montana Communicable Disease Epidemiology Program.
Questions regarding its content should be directed to 406.444.0273 (24/7/365).
http://cdepi.hhs.mt.gov

**DISEASE INFORMATION** **Summary – Week 52 – Ending 01/02/10** – Disease reports received at DPHHS during the reporting period December 27, 2009 – January 2, 2010 included the following:

- Vaccine Preventable Diseases: *H. influenza* (untypeable) invasive disease (1), Pertussis (2)
- Enteric Diseases: Giardiasis (1), Salmonellosis (1)
- Other Conditions: None
- Travel Related Conditions: None

**THE "BUZZ"** Though pandemic flu activity continues to fall across much of the Northern Hemisphere, the World Health Organization reports that some parts of the world are hot spots for the virus, including parts of Europe, North Africa, and South Asia. *Read CIDRAP article...*

**Influenza** During week 52 (01/02/10), influenza activity continued to decrease in the U.S., with only one state reporting widespread activity and 12 states regional activity. Influenza and pneumonia mortality was slightly below the epidemic threshold of 7.5% at 7.4%. The proportion of outpatient visits for influenza-like illness (ILI) was 2.4% which is slightly above the national baseline of 2.3%. Ninety-nine percent of the influenza viruses identified so far are 2009 H1N1 influenza A viruses. These viruses remain similar to the virus chosen for the 2009 H1N1 vaccine, and remain susceptible to the antiviral drugs oseltamivir and zanamivir with rare exception.

**UPDATE!** **Activity in Montana** – Activity in Montana was lowered to the **SPORADIC** level. There are still cases being reported; however, the number of PCR confirmed cases has dropped significantly. Information on testing can be found at http://www.dphhs.mt.gov/PHSD/Lab/environ-lab-index.shtml. ***2009 influenza A (H1N1) continues to predominate - no other subtypes of influenza A are circulating at this time in Montana.***

**IMPORTANT!** **Hospitalized/Death Reporting** - *Please report all laboratory confirmed (PCR, rapid test, viral culture positive) hospitalized cases and deaths due to all types of influenza to the local health department who will then report to the state. Period of interest: August 30, 2009 – present.*

***Even though influenza incidence is decreasing, influenza is unpredictable and there may be increases in disease again. People who have not been vaccinated should get vaccinated now!***

Vaccination with 2009 H1N1 vaccine continues to be particularly important for people in the initial target groups, including pregnant women; household contacts and caregivers of infants younger than six months of age; health care and emergency medical services personnel; all individuals six months through 24 years of age; and individuals 25 through 64 years of age who have medical conditions associated with higher risk of complications from influenza. It is important for unvaccinated people in these groups to take advantage of the ample vaccine supply and get vaccinated now. In addition, people 65 years and older as well as people 25-64 who do not have a chronic medical condition are encouraged to get vaccinated now. While older people have been less likely to be infected with the 2009 H1N1 virus compared to younger people, there have been severe infections and deaths from 2009 H1N1 in every age group, including people 65 and older. Some outbreaks among older people living in long-term care facilities also have been reported.

**NEW!** ***E.* coli 0157:H7 Outbreak and Related Beef Recall -** On December 24, 2009, the United States Department of Agriculture's Food Safety and Inspection Service (FSIS) issued a recall notice for 248,000 pounds of beef products from National Steak and Poultry that may be contaminated with *Escherichia coli* O157:H7 (*E. coli* O157:H7). The recall was issued after FSIS determined there was an association between non-intact steaks (blade tenderized prior to further processing) and illnesses in Colorado, Iowa, Kansas, Michigan, South Dakota and Washington. As of Monday, January 4, 2010, 21 persons from 16 states were reported to be infected with the outbreak strain. Illness onset dates ranged from October 3 through December 14, 2009. ***As of January 8, 2010, no reports of E. coli O157:H7 associated with this recall have been received in MT.*** For more information on this outbreak and the associated product recall, go to: http://www.cdc.gov/ecoli/2010/index.html.

**NEW!** **Multistate Outbreak of Salmonellosis Associated with Water Frogs** – In an MMWR Report published on January 8, 2010, the CDC reported on a national outbreak of *Salmonella typhimurium* associated with water frogs. As of December 30, 2009, there were 85 human isolates with the outbreak strain from 31 states. In a multistate case-control study, exposure to frogs was found to be significantly associated with illness and in 14 cases, there was specific exposure to an exclusively aquatic frog species, the African dwarf frog. This is the first reported multistate outbreak of *Salmonella* infections associated with amphibians. Educational materials aimed at preventing salmonellosis from contact with reptiles should be expanded to include amphibians, such as aquatic frogs. CDC has published guidelines for consumers on how to reduce the risk for *Salmonella* infection from amphibians and reptiles (available at http://www.cdc.gov/salmonella/typh1209/index.html).